

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
	AS		08/16/00
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	Dm	72223	9/27/00
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 (Through numeral)... Canceled      A ..... Appeal  
 - ..... Restricted      O ..... Objected

BEST AVAILABLE COPY

Claim	Final	Original	Date
1	✓	✓	1/10/01
2	✓	✓	2/10/02
3	✓	✓	2/10/02
4	✓	✓	1/17/03
5	✓	✓	1/23/04
6	✓	✓	
7	✓	✓	
8	✓	✓	
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50	✓	✓	

Claim	Final	Original	Date
51	✓	✓	1/10/01
52	✓	✓	2/10/02
53	✓	✓	2/10/02
54	✓	✓	1/17/03
55	✓	✓	1/23/04
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
 staple additional sheet here

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